

S A M P L E

REQ. NUMBER:

OFFICE RANK: 00#2

DFG07A

Re sent to ESC

CIT  
LEG

OFFICE: Insurance Operations Division

TITLE: Chief

Please check type of New Communications Service.

xx Enhanced communications to existing capabilities.

       Communications services for Ongoing Initiatives.

       Communications services for New Initiatives.

**REQUIREMENT:**

Ability to transmit and receive data (CAIS and word processing) between IOD and non-Headquarters Agency facilities to permit Agency employees to query benefit data on-line and to permit the automated processing of health insurance identification cards for the Agency's insurance program.

**JUSTIFICATION:**

To enhance service to Agency employees by expediting the issuance of identification cards and providing real time response to personal benefit inquiries.

TIME REQUIREMENT: FY89

**IMPACT ON LACK OF THIS SERVICE ON OTHER PROGRAMS:**

Delayed and inefficient service to Agency employees for the receipt of health insurance identification cards and responses to inquiries on personal insurance matters.

**CONTACT:**

Name:

Office: Insurance Operations Division

Telephone:

**SECRET****COST ESTIMATES FOR  
NEW COMMUNICATIONS SERVICES****DFG07A****DIRECTORATE : DDA****OFFICE : OP/INSURANCE OPERATIONS DIVISION****PROGRAM YR : 89**

**REQUIREMENT : ABILITY TO TRANSMIT AND RECEIVE DATA (CAIS AND WORD  
PROCESSING) BETWEEN IOD AND NON-HEADQUARTERS AGENCY  
FACILITIES TO PERMIT AGENCY EMPLOYEES TO QUERY BENEFIT  
DATA ON-LINE AND TO PERMIT AUTOMATED PROCESSING OF  
HEALTH INSURANCE ID CARDS FOR AGENCY INSURANCE PROGRAM.**

**COMMENT :**

<b>RESPONSIBLE OFFICE</b>	<b>DESCRIPTION</b>	<b>QTY</b>	<b>UNIT COST</b>	<b>TOTAL COST</b>
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**SECRET**

SECRET

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\*\*\* APPENDED BY:

ON: February 3, 1987 AT: 9:08 AM \*\*\*

SECRET

COST ESTIMATES FOR  
NEW COMMUNICATIONS SERVICES

DFG07A

DIRECTORATE : DDA

OFFICE : OP/INSURANCE OPERATIONS DIVISION

PROGRAM YR : 89

REQUIREMENT : ABILITY TO TRANSMIT AND RECEIVE DATA (CAIS AND WORD PROCESSING) BETWEEN IOD AND NON-HEADQUARTERS AGENCY FACILITIES TO PERMIT AGENCY EMPLOYEES TO QUERY BENEFIT DATA ON-LINE AND TO PERMIT AUTOMATED PROCESSING OF HEALTH INSURANCE ID CARDS FOR AGENCY INSURANCE PROGRAM.

COMMENT : THIS REQUEST WAS SUBMITTED AS A CONTINGENCY FOR THE FUTURE POSSIBILITY OF NOT BEING LOCATED IN A FACILITY WITH SECURE PHONE AND DATA SERVICES. EXISTING SERVICES ARE ADEQUATE FOR FUTURE NEEDS.

RESPONSIBLE OFFICE	DESCRIPTION	QTY	UNIT COST	TOTAL COST
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--- NO COST ---

SECRET

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